

HOUSE BILL REPORT

SSB 5688

As Reported By House Committee On:
Health Care

Title: An act relating to fetal alcohol exposure.

Brief Description: Improving screening for fetal alcohol syndrome.

Sponsors: Senate Committee on Human Services & Corrections (originally sponsored by Senators Hargrove, Long, Franklin, Rasmussen, C. Anderson, Kohl, Prentice, McAuliffe, Fairley, Drew, Smith, Heavey, Sheldon, Wojahn, Bauer and Winsley).

Brief History:

Committee Activity:

Health Care: 3/24/95, 3/31/95 [DP].

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 12 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Cody, Assistant Ranking Minority Member; Campbell; Casada; Conway; Crouse; Kessler; Morris; Sherstad and Skinner.

Staff: Antonio Sanchez (786-7383).

Background: Fetal alcohol syndrome is the third leading cause of mental retardation in the United States. Approximately 145 babies are born in Washington each year with fetal alcohol syndrome.

Fetal Alcohol Syndrome (FAS) is a medical condition causing mental retardation and other developmental disabilities as a result of maternal alcohol use during pregnancy. The number of children born in Washington State with FAS is currently estimated at 78 to 234 each year.

Individuals with undiagnosed FAS often suffer substantially from secondary disabilities such as child abuse, depression, aggression, school failure, and job instability. They also often end up in multiple foster home placements and in the juvenile justice system.

Statewide demand for FAS diagnostic and referral services far exceeds the currently available public and private capacity to provide these services. The Governor's proposed budget includes a \$400,000 line item for FAS screening and diagnostic services over the next biennium.

The University of Washington (UW) FAS Clinic maintains a clinic, the only one of its kind in the nation, devoted entirely to the diagnosis and care of individuals with FAS and possible fetal alcohol effects. The UW FAS Clinic is currently funded to run one day per week and evaluate four to six patients per day. In the first two years of operation (1993-94), the clinic was able to see just 27 percent of the patients in Washington who requested appointments.

Summary of Bill: An intent section is created in which the Legislature finds that because fetal alcohol exposure is among the leading causes of mental retardation in our state, and because individuals with undiagnosed FAS suffer substantially from secondary disabilities, greater support is necessary for efforts directed at the early identification of and intervention into the problems associated with fetal alcohol exposure. The intent section also identifies the purpose of the act as supporting the development of local screening programs throughout the state.

The Department of Social and Health Services is required to contract with the University of Washington FAS Clinic to provide FAS screening and assessment services. The contracted services must include: (1) appropriate training for staff in community clinics; (2) development of educational materials for patients, their families and caregivers; (3) systematic information retrieval from each community clinic; (4) based on available funds, the establishment of a network of community-based FAS clinics; (5) preparation of an annual report of the information retrieved.

An interagency agreement is executed to ensure coordination of fetal alcohol exposure screening and referral services among the Department of Health, the Department of Social and Health Services, the Department of Corrections, and the Office of the Superintendent of Public Instruction. The agreement must include a process for community advocates to participate in the review and development of fetal alcohol exposure programs administered or contracted for by the agencies executing the agreement.

The bill is null and void unless specific funding is provided in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed. However, the act is null and void if not funded in the budget.

Testimony For: The disabilities associated with FAS come at a high cost to the individual, his or her family, and society and can be substantially reduced by early diagnosis and receipt of appropriate, effective intervention. FAS diagnostic clinics can also be used as an important tool for primary prevention of FAS. This bill would allow all communities who express a desire to establish FAS diagnostic and referral services in their community to join the network. Currently, statewide demand for FAS diagnostic and referral services far exceed the clinic's capacity to provide the services. Without additional funding, the FAS clinic will be unable to expand beyond the services now provided at the University of Washington, Snohomish, and South King County.

Testimony Against: None

Testified: Susan Astley, University of Washington Fetal Alcohol Syndrome Clinic; Jocie Devries and Ann Waller, Fetal Alcohol Syndrome Family Resource Institute; Fred VanCamp, March of Dimes; and Ken Stark, Department of Social and Health Services, Division of Alcohol and Substance Abuse.